

# Haematology Programme proposal for a joint In-Patient facility - this is looking at which site would be most suitable

Reference: [Organisation of specialist services - Addendum to Haematological Cancers - NCBI Bookshelf \(nih.gov\)](#)

## Item 5c

Main Criteria	Sub Criteria	Requirements	Comments		Score	
			BHFT	TRFT	BHFT	TRFT
Estate	Bed Base	12 beds with isolation rooms			5	5
Medical Provision	Consultant cover	Haematology units that care for adults and young people who are receiving high-intensity chemotherapy should have consultant-level specialist medical staff available 24 hours a day. This level of service demands the equivalent of at least 3 whole-time consultants, all full members of a single haematology multidisciplinary team (MDT) and providing inpatient care at a single site			2	5
	Consultant cover	Consultant cover is supported via substantive roles, rather than locum, for resilience			1	5
	High Dose Chemo provision	Provision to deliver high intensity chemo up to Level 2 B			0	5
	Provision for Direct admission	Ensure that there is provision for direct admission to the haematology ward or other facilities equipped to rapidly assess and manage potentially life-threatening complications of chemotherapy (such as neutropenic sepsis or bleeding), according to agreed local protocols.			2	5
	Pharmacy	Ensure that cytotoxic drug reconstitution is centralised or organised at the pharmacy with capacity to deliver require volume			5	5
	Ambulatory Care	Ambulatory care for adults and young people who have Haem malignancies that are in remission and who are at risk of more than 7 days of neutropenia of $0.5 \times 10^9/\text{litre}$			5	5
	Medical Cover	Middle grade cover with SpR/SHO/ACP			1	5

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			BHFT	TRFT	BHFT	TRFT
Nursing Provision	Nursing	Level 2 compliant			5	5
		Staff with PGD			5	5
		Provision to deliver high intensity chemo up to Level 2 B			0	5
		Trained to manage haematological emergencies			5	5
		Ability to administer intravenous antibiotics and support of medication			5	5
		Access to CNS support (9am-5pm)			5	5
	Clinical Trials access	Research: Haematology units that care for adults and young people who are receiving high-intensity chemotherapy should have dedicated clinical and administrative staff to support patient entry into local and nationally approved clinical trials and other prospective studies			1	5
Laboratories	Labs Access	Labs able to do blood tests / investigations for patients with blood cancer			5	5
<b>Total</b>					<b>52</b>	<b>80</b>

### Scoring:

5 = Requirement fully in place currently.

4 = Some/most requirement in place and/or changes required considered minimal / minor and / or easy to put in place,

3 = Some requirements in place and other requirements are considered minimal / minor and / or easy to put in place,

2 = Some requirement in place and other requirements considered significant / critical / challenging to put in place,

1 = Minimal requirements in place and other requirements considered significant / critical / challenging to put in place,

0 = Minimal / no requirements in place

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### Completion of the Decision Matrix:

- The Decision Matrix will be completed independently at both Trusts
- The General Manager at each Trust will co-ordinate the completion of the Decision Matrix
- The Clinical Lead will sign-off the completed Decision Matrix
- The Decision Matrix will be completed with input from the following members of staff at each Trust:
  - Clinical Lead
  - General Manager
  - Service Manager
  - Matron
  - Specialist Nurse
  - Pharmacy representative